								Application or Docket Number				
	PATENT APPLICATION FEE DETERMINATION RECO										· -	
Effective October 1, 2003									1070	<u> </u>	084	
CLAIMS AS FILED - PART I							_ ;	SMALL I	ENTITY	<b>~</b> −,	OTHER	THAN
			(Column 1) (Column 2)				1	TYPE		OR	•	
TOTAL CLAIMS			5,1					RATE	FEE	]	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	€ 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			5/ minus 20= •		• -	3		X\$ 9=		OR	X\$1,8=	5.52
INDEPENDENT CLAIMS			minus 3 =			<u>ک</u> x4		X43=	1	OR	X86=	272
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT				Ì	+145=	<del>                                     </del>	1		100
- If	the difference	in column 1 is	less than zero, enter "0" in column 2				İ	TOTAL	<del> </del>	OR	TOTAL	1-26
CLAIMS AS AMENDED - PART II								IUIAL	<u> </u>	JOH	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	. ENTITY	OR	SMALL	
a		CLAIMS		HIGH	EST	ST .			ADDI-	1		ADDI-
N.	10/6/06	AFTER AMENDMENT	!	PREVIO	DUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
OME	Total	. 45	Minus	-5	7	=		X\$ 9=		OR	X\$18=	
AMENDMĘNT A	Independent	.6	Minus	6				X43=	<del>                                     </del>	OR	X86=	
٩	FIRST PRESE	NTATION OF ML	JETIPLE DEF	PENDENT	CLAIM		·ŀ		<del>                                     </del>		200	
1	16,2	7,38,	13,4:	2			L	+145=	<u> </u>	OR	+290= TOTAL	
	) : <u>F</u>		しンテー				A	ADDIT. FEE	-	OR	ADDIT. FEE	
		(Column 1)	<del></del>	(Colun		(Column 3)			1.000	9		- 331
18		REMAINING AFTER		NUME	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
JEN		AMENDMENT	<b></b>	PAID F		EATTO		<b> </b>	FEE			FEE
AMENOMENT B	Total	•	Minus	**		=	L	X\$ 9=		OŘ	X\$18=	
AME	Independent	= := := := := := := := := := := := := :=	Minus	ore CAIDENT		-	. 1	X43=.	·	OR	X86=	
لــا	FIRST PRESE	NTATION OF MU	ILTIPLE UEP	E DEPENDENT CLAIM				+145=			+290=	,
							L	+ 145=	ļ	OR	TOTAL	•
							A	DDIT. FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
ပ	•	CLAIMS REMAINING		HIGHE	BER	PRESENT		DATE	ADDI- TIONAL		RATE	ADDI- TIONAL
EN	•	AFTER AMENDMENT		PREVIO PAID F		EXTRA	L	RATE	FEE		PAIL	FEE
AMENDMENT C	Total	•	Minus	**		a .		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		-	Γ	X43=	·	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						` <b> </b>	+145=			200	
• •	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·
H	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."  AD								نـــنا	OR ,	ADDIT. FEE	
		nber Previously Paid					foun	id in the ap	propriate box	c in coli	யாள 1.	